

Annex C: market sustainability plan template – Dorset Council

Section 1: Assessment of the current sustainability of local care markets

(a) Assessment of current sustainability of the 65+ care home market

Dorset has 100 care homes, with around 3,500 beds. Around 24% of those beds are Council-purchased, with around 22% unoccupied, in some cases by choice and some cases due to staff availability. The remainder are largely self-funders, with a small amount of other statutory agencies (out of county local authorities, NHS) included. CQC ratings are generally good, with six outstanding, five requiring improvement and one inadequate. One third of homes are designated nursing, two thirds residential.

Homes are generally smaller than that considered economically 'ideal', with 14% under 20 beds, 61% in the 20-49 bed range, and 25% over 50 beds. Only 12 are in the ideal 60+ bed range. Between August 2020 and 2021, four homes closed citing economic viability. 69 different companies operate across the market, and only 5 operate more than 100 beds each. The Council sources 165 beds out of county. Only 16 homes accept the rates paid through the Dorset Care Framework. In September 2021, Dorset Council funded 1,036 placements, 75% in residential and 25% in nursing, with 84% of all placements in the county, and 16% out of county.

Workforce

Workforce is a key factor in sustainability, with difficulties in recruiting and retaining staff in the face of competition from other market sectors over terms and conditions. Geographical availability of staff who can easily commute to homes is a pressing factor in some more rural parts of the county. Availability of nursing staff is a further particular issue.

Self-funders

Of significant impact is the purchasing behaviours of individual self-funders. Even more so that with home care, private payers are charged, and can pay, higher rates for residential care than the Council pays. This drives a different 'product', with evidence that Dorset care homes provide more care hours for given levels of need than in other benchmarked areas, with the increased care delivery adding up with other discretionary elements to make up a more desirable product for the self-funder. There is evidence from practice and case review that some people make an independent decision to go into residential care ahead of when the Council would ordinarily assess this as being right for them at that point in their care journey. In 2020/21 the Council spent £2,226,611 on the care fees of 64 individuals who had run out of their own funds.

Complexity and levels of care provision

Particular difficulties are routinely reported by brokerage teams around the sourcing of placements for higher levels of need and greater complexity, and this is an area of the market that will need further development. To assist further work with the market on the development of these options, it is critical that clear definitions around the four levels of complexity of care (residential, complex residential, nursing, complex nursing) are adopted.

Geographic challenges

There are geographic imbalances in the availability of care, which need to be acknowledged and factored into any future planning about residential care availability. They also need to be reflected in future market position statement development so that independent providers who consider opening new facilities are clear on where need lies in the county. Development of residential services in very rural areas is a challenge, away from population centres that are sources of potential workforce. This will remain a discussion point for families as well when considering locations for residential care placements for relatives with care needs.

Council's strategic purchasing and contracting activities

There are a number of aspects of Council purchasing practice that also do not assist the development of a more sustainable market in residential care, with placements made across a wide range of providers and opportunities missed to develop deeper and more long-term partnerships with key providers that would allow us to test new contract options or care types (including intermediate and other short term care).

Additionally, whilst the Council brokers for NHS Continuing Healthcare, on behalf of the NHS, it does so in a limited transactional manner, rather than full end-to-end completion of the care

arrangement process – moving to this position could assist with maintaining consistency in practice across statutory agencies' market engagement.

Cost of care

Cost of care analysis suggests that the Council currently pays on average at or around FCoC for residential and nursing, but pays higher for dementia support. It also suggested Dorset homes provide higher levels of care hours per resident per week than the consultants' benchmark.

(b) Assessment of current sustainability of the 18+ domiciliary care market

There are around 70 homecare agencies providing to older people, a subset of which also provide to adults under 65. For older people, 12,400 hours (approximately) of homecare are commissioned by the Council per week, for 1,150 older people. 28 agencies are on the Dorset Care Framework, the remaining 42 being spot contracted at generally higher rates. 75% of the Council's business is contracted from the Framework.

In Winter 2021, at a point in time 5,000 care hours were being sought, amongst the impacts of which were 70 patients waiting for discharge from hospital and 225 people in the community awaiting their assessed community care. 74 contract 'handbacks' occurred between June and November 2021, with workforce availability cited as the main reason.

Workforce

The principal challenge for homecare concerns workforce stability and capacity. Currently stability is deteriorating, due to a range of factors including the pandemic, burnout, and overseas workers not returning either due to pandemic-related decisions or immigration status. Workers can also find more attractive terms and conditions in other industry sectors, including tourism and logistics – and providers have fed back the sort of wage levels that need to be met to become more competitive. Skills for Care have estimated that in excess of 3,600 further care workers will be needed in Dorset by 2035, whilst the proportion of the population of working age is projected not to grow significantly. Staff turnover in September 2021 was estimated at 33% - roughly equivalent to regional and national averages, but to reduce this would be a major intervention in supporting a more stable market.

Rurality

Rurality is also a key factor, with long travel times and mileage required in some parts of the county, which is being currently exacerbated by the cost of living crisis and the increasing price of fuel. These issues are further exacerbated in the summer months when the tourist traffic across the county renders journeys between care appointments even more challenging. There are some significant hotspot areas for these problems.

During 2021, however, challenges also became more acute for our major towns, with long waits for care also becoming a new norm. Whilst the rural disparity remains, this highlights the building pressure across the whole system.

Self-funder competition

Self-funder competition is also a factor in this market, with only one provider having more than 75% of its business with the Council, and most under 50%, with higher rates paid by self-funders adding pressure on the availability of care to meet needs assessed for residents by the Council. For homecare, this is very much secondary to the overall issue of workforce availability.

Section 2: Assessment of the impact of future market changes (including funding reform) over the next 1-3 years, for each of the service markets

Work undertaken for the Council by Valuing Care suggests around 1,850 people in residential care are self-funders. They will have access to our rates, and we will need to assess them and determine their level of need and the right options for them. The introduction of the cap on care costs means transparency about what contributes to overall care pricing is critical. Metering to the cap will be based on the local authority assessed rate, and if care at that rate could alternatively be sourced in the market then the rate of 'metering' may be less than the actual price paid. Again, this makes a robust assessment of 'fair costs' absolutely essential.

New expectations means a greater emphasis on having the right capacity in place to support the system. This includes assessment capacity to ensure that people can access their assessment, and it may include digital options for people to 'self-assess' in the first instance. This would be

part of an important set of development in information, advice and guidance, which go beyond static information provision and allow people to model for themselves different care scenarios and options as they weigh up their decisions.

Maintaining a more responsive and developed relationship with the market will also require some additional resources in commissioning and contracting, commercially-minded business analysis and data management.

Changes being implemented to the rates paid for homecare have an equivalent impact on amounts provided under direct payments to those who make their own care arrangements, including employing their own personal assistants or other 'micro-provider' provisions. This will include clearer definitions of rates for various provisions from these alternative sectors.

Section 3: Plans for each market to address sustainability issues identified, including how fair cost of care funding will be used to address these issues over the next 1-3 years

At the time of constructing this draft plan, the Council is undertaking an engagement process around a set of new commissioning strategies covering all care provision. The elements of this plan are reflected in the strategic intentions of the draft strategies, and the resulting action plans will likewise incorporate these proposed activities. The strategies and these plans both build on engagement with providers, including through the cost of care assessment process, which Dorset Council initiated ahead of the Government mandate and policy. Dorset has identified the need to improve data on the purchasing of care in the market by self-funders and others. The Council is in the process of drawing up plans for a new Market Position Statement, expected in digital form with the possibility of interactive and near-live data about purchasing trends, etc.

Prioritisation

In terms of prioritising investment, a robust approach to commissioning home care is critical both for the care at home system, and for the residential and nursing care system. Having at-home options available for people is central to deferring people's entry to residential care. Therefore, we have already moved to paying what was assessed as the Fair Cost in the 2021 exercise. This was made possible by a one-year allocation of funds for social care market stabilisation by the NHS, which effectively brings forward the availability of the allocations expected in future years from government funds.

Cost of care assessments

For both cost of care exercises, many opportunities were created for providers to engage with the process. Engagement was better for the care home exercise than for the home care exercises. Nonetheless, in response to market feedback we have included in our plans to rerun the exercise during the lifetime of the Market Sustainability Plan.

Inflation

For both care types, inflation will be modelled in future years, with rates set for April on the basis of the *predicted* inflation at the following September. The following April will then adjust for *actual* inflation in that year, and apply the new prediction for coming year. This approach to inflation is a commitment made subject to sufficient government funding being made available to the Council and will always be subject to the legal requirement for the Council to set a balanced budget.

(a) 65+ care homes market

Fair Cost of Care

The Fair Cost incorporates elements as follows:

- Rates calculated for residential, residential (complex/dementia), nursing, and nursing (complex/dementia)
- Account of costs in a full breakdown, as provided by the providers that took part, and based on providers with generally market-standard occupancy and across the middle range of the size of local homes
- Removes temporary additional costs relating to pandemic management
- Removes geographical variation in rates paid, which wasn't found to have an evidential basis
- Assesses wage levels in the local market and ensures that the rate can support them
- An allowance at a market standard rate of 5% for return on operations. An amount for return on capital which allows for 5.1% return, based on median property values and the local

housing allowance rate for a 1 bedroom property. Both of these are benchmarked by our consultants as being reasonable for the industry

Expected journey to Fair Cost of Care over the plan period is currently (subject to funding):

- In 2022/23, we use rates evaluated at September 2021 to apply a new 'base rate' which goes 50% of distance between current base rates and 'Fair Cost' at September.
- In 2023/24, subject to funding being made available:
 - we inflate that price by the rate of inflation in 22/23 and that predicted for 23/24; and
 - move to 75% of distance between old base rate and the now-inflated 'Fair Cost'.
- In 2024/25, subject to funding being made available:
 - we adjust previous year for actual inflation, add predicted inflation in 24/25; and
 - move to paying the full Fair Cost of Care.

It is anticipated that funding will not be sufficient to achieve this journey during the lifetime of this Sustainability Plan, given currently predicted rates of inflation. Nonetheless, it still represents a significant additional investment in the lower-priced part of the market. Given also that inflation is volatile at the moment, as the Government moves to intervene in the energy market for businesses and individuals, it is proposed that the approach to inflation is tempered with an engagement with providers to understand actual costs and respond where the Council is in a position (and funded) to do so. This would be consistent with the Government's policy expectation that the Council moves in significant steps towards paying the fair cost of care over the plan period.

Actions proposed to improve market sustainability

To proactively and strategically work to improve relationships with providers:

- *Collaborate with market leaders on establishing a more active provider association, and jointly agreed plan for the future, aligned to our emerging commissioning strategies*

To continue to develop understanding of the 'Fair Cost of Care' and refine implementation:

- *Continue to develop dialogue around financial issues in residential care delivery*
- *Establish agreed set of definitions on the levels of complexity in care contracting, which will include understanding of the number of care hours typically required and allow us to address the higher care hours found in the FCoC analysis*
- *Repeat FCoC exercise to inform 2024/25 budget setting*

To improve contracting processes to better drive innovation and responsiveness:

- *Establish new contract types to match definitions of care complexity and options around intermediate and other flexible provision*
- *Dorset Care Framework 2 commissioning to formalise new elements in care delivery, which includes the NHS as a partner and so presents opportunities to make the DCF2 a more powerful instrument in supporting ICS ambitions*
- *Develop strategy for delivery of extra care and other accommodation with support, and associated market development plan*
- *Implement e-brokerage system and PAMMS provider quality management system to strengthen brokerage activity (more efficient, more commercial), with associated council workforce development plan (to include stronger contract management, option for NHS offer)*
- *Establish strategic provider relationships on which to base more consolidated and transformational purchasing, and allowing for the development of more trusted assessor/trusted practitioner models*

To work with the market to tackle workforce challenges:

- *Develop shared workforce plan with providers*
- *Develop housing plans that support keyworker housing for areas where targeted support is needed to build the local workforce*

To build on strengths-based approaches to better support individuals; choice, control and independence:

- *Develop information and advice provision, proactive and targeted to those making decisions about their care and costs under new financial rules – especially issues around what counts to the cap, etc.*
- *New technology will allow for some assessment self-service, linked to other stands of the reform programme implementation, and harnessing opportunities for more tailored and targeted delivery of information and advice*

To develop new forms of provision that can better meet residents' needs:

- *Council-initiated development of new residential provision to meet higher-level needs*

- *New extra care housing developments in order to support effective care delivery in people's homes for longer*

(b) 18+ domiciliary care market

Fair Cost of Care

Elements of the approach to the rate for the Fair Cost of Care include:

- We have set an expectation of a wage rate of £10.50/hr for a care worker. This is competitive with logistics and hospitality sectors. This may, however, change as the cost of living crisis continues, and will need monitoring.
- Costed the expectation that 45p/mile is paid for travel costs, in line with HMRC approved rate.
- In recognition of the mixed urban/rural geography of Dorset, we have established two rates, the rural rate reflecting the increased travel time that needs to be paid to care workers.
- Inflation has been applied to 2021 assessed prices to make them fully applicable to 2022/23.
- Return on operations is assessed at 5%.

Actions proposed to improve market sustainability

To proactively and strategically work to improve relationships with providers:

- *Collaborate with market leaders on establishing a more active provider association, and jointly agreed plan for the future, aligned to our emerging commissioning strategies*

To work with the market to tackle workforce challenges:

- *Develop joint workforce plan with the provider market, including promotional activity, to address recruitment and retention challenges, and to pave the way for the development of increased specialisms*
- *Work with providers on round optimisation, under new 'zoned' approach, to improve retention*
- *Develop housing plans that support keyworker housing for areas where targeted support is needed to build the local workforce*

To continue to develop understanding of the 'Fair Cost of Care' and refine implementation:

- *Strengthen dialogue on FCoC, leading to early repeat of exercise to improve engagement*

To develop new reablement and other short-term interventions for independence:

- *Develop new reablement model with Care Dorset, as a community preventive intervention, supporting ICS strategy and developments*

To improve contracting processes to better drive innovation and responsiveness:

- *Implement Dorset Care Framework 2 as vehicle for reforming operation of homecare and reablement system*
- *Design new contracts, emphasising recovery and independence and stronger links to VCSE*
- *Implement e-brokerage system and PAMMS provider quality management system to strengthen efficient brokerage activity, with associated council workforce development plan*
- *Establish strategic provider relationships on which to base more consolidated and transformational purchasing, and to develop more trusted assessor and trusted practitioner models*

To build on strengths-based approaches to better support individuals; choice, control and independence:

- *Improve information/advice provision, aimed at supporting good decision-making including self-funders and promoting alternatives to contracted homecare (PAs/direct payments, etc.)*
- *Develop strategy around delivery of extra care and other accommodation with support, and associated market development plan*
- *Development programme around personal assistants and other microprovider activity*
- *New extra care housing developments in order to support effective care delivery in people's homes for longer*

To harness technology to better deliver care outcomes for individuals and improve access:

- *Implement plans to develop and promote technology-enabled care options, to improve efficiency of care delivery, incl. training providers and expanding trusted assessor schemes*
- *New technology will allow for some assessment self-service, linked to other strands of the reform programme implementation*